

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 Kapiolani Blvd., #C-105

Check if different
than previously
reported. (ACC)

HONOLULU

HI

96813

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085506

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Katherine Thomason

Signature of Treasurer

Electronically Filed by Katherine Thomason

Date

07

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		228499.29
(b) Cash on Hand at Beginning of Reporting Period	247020.55	
(c) Total Receipts (from Line 19)	75911.86	337131.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	322932.41	565631.10
7. Total Disbursements (from Line 31)	43011.04	285709.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	279921.37	279921.37
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21031.25	206657.13
(i) Itemized (use Schedule A)		
(ii) Unitemized	54485.50	101703.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	75516.75	308360.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	75516.75	308360.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	8214.21
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	395.11	1559.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	18997.44
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	18997.44
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75911.86	337131.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75911.86	318134.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	50124.17
(ii) Non-Federal Share.....	0.00	16169.11
(b) Other Federal Operating Expenditures.....	43011.04	219416.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	43011.04	285709.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43011.04	285709.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43011.04	269540.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	75516.75	308360.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75516.75	308360.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	43011.04	269540.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	8214.21
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43011.04	261326.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Kay Ahina

Mailing Address 2029 Nuuanu Ave 1709

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
DHHL State

Occupation

Asst to Micah Kane

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61888

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

SAM AIONA

Mailing Address 757 KINALAU PL #702

City

HONOLULU

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Republican Party

Occupation

Political Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62867

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Boyd Akase

Mailing Address 45-062 Waikalua Rd

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1895.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62705

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Boyd Akase

Mailing Address 45-062 Waikalua Rd

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62735

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Boyd Akase

Mailing Address 45-062 Waikalua Rd

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1995.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62780

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Boyd Akase

Mailing Address 45-062 Waikalua Rd

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2095.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62838

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sandra Albano

Mailing Address 748 Kokomo Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

TravelIndustry - Sales & Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61932

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sandra Albano

Mailing Address 748 Kokomo Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

TravelIndustry - Sales & Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62706

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sandra Albano

Mailing Address 748 Kokomo Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

TravelIndustry - Sales & Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1770.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62731

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sandra Albano

Mailing Address 748 Kokomo Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

TravelIndustry - Sales & Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1835.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62750

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sandra Albano

Mailing Address 748 Kokomo Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

TravelIndustry - Sales & Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1935.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62836

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Julia Allen

Mailing Address 1907 Saint Louis Dr

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hula Coffee Company

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62636

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Katie Anglin

Mailing Address 1543 Makiki St, 606

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62775

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Katie Anglin

Mailing Address 1543 Makiki St, 606

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62816

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Barbara Annis

Mailing Address 38 S Judd St Apt 14B

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62334

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

John Atchison

Mailing Address 756 Bannister St

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62634

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

LeBurta Atherton

Mailing Address 2150 Puualii PI

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61679

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anne Atkinson

Mailing Address 91-119 Aipoola PI

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
writer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62639

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Emily Baptiste

Mailing Address 7911 Makaaaoa Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMAA

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2195.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62184

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Emily Baptiste

Mailing Address 7911 Makaaaoa Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMAA

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62197

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Emily Baptiste

Mailing Address 7911 Makaaaoa Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMAA

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62208

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Emily Baptiste

Mailing Address 7911 Makaoa Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMAA

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62262

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Clinton Basler

Mailing Address 56 Robinson Lane

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61843

Amount of Each Receipt this Period

200.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Aileen Befitel

Mailing Address 91-970 Ololani St

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Executive Assistant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62728

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Aileen Befitel

Mailing Address 91-970 Ololani St

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Executive Assistant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Transaction ID: SA11AI.62794

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gae Bergquist Trommald

Mailing Address 44-666 Kuono PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Communications Pacific

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Transaction ID: SA11AI.62052

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gae Bergquist Trommald

Mailing Address 44-666 Kuono PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Communications Pacific

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Transaction ID: SA11AI.62074

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Herbert Blazier

Mailing Address 101 Miha Pl

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Military

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62818

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Steven Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deep SeaWater International

Occupation
Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62210

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Steven Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deep SeaWater International

Occupation
Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62276

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Bradford Burton

Mailing Address 3288 Moanalua Rd, DI Kaiser

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing
federal political committee.

C

Name of Employer
KaiserOccupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61967

Amount of Each Receipt this Period

150.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gertrude Ceballos

Mailing Address 960 Piipolo Rd

City

Makawao

State

HI

Zip Code

96768

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62275

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lee Champion

Mailing Address 1777 Ala Moana Blvd 905

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verizon HawaiiOccupation
Customer Service

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62066

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

David Chang

Mailing Address 1909 Ala Wai Blvd #1409

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.62331

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bernice Chong Kee

Mailing Address 130 S Kuakini St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.62322

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Celyn Chong Kee

Mailing Address 130 S Kuakini St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of HawaiiOccupation
Lt Gov's Office Manager

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.62326

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Roberta Chong Kee

Mailing Address 1206 Kaeleku St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kevin's Electric Inc

Occupation
VP/Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62635

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Cleveland

Mailing Address PO Box 338

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ahonui Group

Occupation
Investment Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62257

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

JUDY DEVILBISS

Mailing Address 533 LAUIKI ST. APT A

City

HONOLULU

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAWAII HEALTH INC.

Occupation
SALES/DISTRIBUTION

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61606

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

JUDY DEVILBISS

Mailing Address 533 LAUIKI ST. APT A

City

HONOLULU

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAWAII HEALTH INC.

Occupation

SALES/DISTRIBUTION

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61628

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

JUDY DEVILBISS

Mailing Address 533 LAUIKI ST. APT A

City

HONOLULU

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAWAII HEALTH INC.

Occupation

SALES/DISTRIBUTION

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61651

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

JUDY DEVILBISS

Mailing Address 533 LAUIKI ST. APT A

City

HONOLULU

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAWAII HEALTH INC.

Occupation

SALES/DISTRIBUTION

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61861

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

E Boxley Diggs

Mailing Address 95-050 Hokuwa St 203

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62825

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jana DiMartino

Mailing Address 155 Wailea Ike Pl 18

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Seasons Hotel

Occupation
Restaurant Mgr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62049

Amount of Each Receipt this Period

130.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jana DiMartino

Mailing Address 155 Wailea Ike Pl 18

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Seasons Hotel

Occupation
Restaurant Mgr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62082

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Charles Djou

Mailing Address 520 Lunalilo Home Rd 223

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
City & County of Honolulu

Occupation

Councilmember

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62786

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Daniel Douglass

Mailing Address 3030 Ala Ilima St Apt 1103

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ron Paul Hawaii

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62747

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Daniel Douglass

Mailing Address 3030 Ala Ilima St Apt 1103

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ron Paul Hawaii

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62765

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Daniel Douglass

Mailing Address 3030 Ala Ilima St Apt 1103

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ron Paul Hawaii

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62824

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Peter Elson

Mailing Address 92-1521 Aliinui Dr # D

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Teacher/US Army

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62274

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Edward Enos

Mailing Address PO Box 1746

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Pilots Association

Occupation
harbor pilot

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62060

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Alexander Fadrowsky

Mailing Address 1360 Laukahi St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gentry Properties

Occupation

Vice-President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62698

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Alexander Fadrowsky

Mailing Address 1360 Laukahi St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gentry Properties

Occupation

Vice-President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62720

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Alexander Fadrowsky

Mailing Address 1360 Laukahi St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gentry Properties

Occupation

Vice-President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62785

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Doug Fairhurst

Mailing Address 1320 Aloha Oe Dr

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairhurst & Associates

Occupation

Computer Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62743

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Doug Fairhurst

Mailing Address 1320 Aloha Oe Dr

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairhurst & Associates

Occupation

Computer Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62760

Amount of Each Receipt this Period

130.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Doug Fairhurst

Mailing Address 1320 Aloha Oe Dr

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairhurst & Associates

Occupation

Computer Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62857

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

John Henry Felix

Mailing Address PO BOX 240778

City

Honolulu

State

HI

Zip Code

96824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Corp

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62397

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Henry Felix

Mailing Address PO BOX 240778

City

Honolulu

State

HI

Zip Code

96824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Corp

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7770.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62418

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Henry Felix

Mailing Address PO BOX 240778

City

Honolulu

State

HI

Zip Code

96824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Corp

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7835.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62437

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

John Henry Felix

Mailing Address PO BOX 240778

City

Honolulu

State

HI

Zip Code

96824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle CorpOccupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7935.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62471

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Finley

Mailing Address 2222 Aloha Dr, 704

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61867

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lynn Finnegan

Mailing Address 99-195 Ohekani Lp

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
State LegislatureOccupation
Representative

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62804

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Anthony Fisher

Mailing Address 285 Ohina Pl

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62280

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Luther Flynn

Mailing Address 94-510 Lumiaina St, M102

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantis

Occupation
Inventory Specialist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62316

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kaye Fredericks

Mailing Address 2610 Lowrey Ave

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
UH-Manoa

Occupation
English Instructor-retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62169

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Edna Fujiwara

Mailing Address 1561 Kanunu St 1405

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
teacher

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.62083

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Glennon Gingo

Mailing Address PO Box 396

City

Holualoa

State

HI

Zip Code

96725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Realty CorpOccupation
Realtor-Commercial

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.62477

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Signe Godfrey

Mailing Address 2761 Laniloa Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olsten StaffingOccupation
Owner

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.62901

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
 Signe Godfrey

Mailing Address 2761 Laniloa Rd

City State Zip Code
 Honolulu HI 96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Olsten Staffing

Occupation
 Owner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62921

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
 Frank Goodale

Mailing Address PO Box 4939

City State Zip Code
 Kailua-Kona HI 96745

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Clark Realty Corp

Occupation
 Real Estate

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62798

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
 Malia Gray

Mailing Address 1037 Kahili St

City State Zip Code
 Kailua HI 96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rep Lynn Finnegan

Occupation
 Caucus Aide

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62801

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Dana Gudenau

Mailing Address 98-796 Lei Alii St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation
Housewife

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62062

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gerald Gudenau

Mailing Address 98-796 Lei Alii St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARTI

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62073

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ione Gumpfer

Mailing Address 1554 Kupau St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62435

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Ione Gumpfer

Mailing Address 1554 Kupau St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62505

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Melanie Hanohano

Mailing Address 635 Akoakoa St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
D O E

Occupation
Elem Teacher

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62061

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lynne Hansen

Mailing Address BYU-Hawaii Box 1870

City

Laie

State

HI

Zip Code

96762

FEC ID number of contributing
federal political committee.

C

Name of Employer
BYU Hawaii

Occupation
Professor of Linguistics

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61860

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Archie Hapai

Mailing Address PO Box 413

City

Kurtistown

State

HI

Zip Code

96760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hapai Insurance

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.62670

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Archie Hapai

Mailing Address PO Box 413

City

Kurtistown

State

HI

Zip Code

96760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hapai Insurance

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.62682

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Marlene Hapai

Mailing Address PO Box 413

City

Kurtistown

State

HI

Zip Code

96760

FEC ID number of contributing
federal political committee.

C

Name of Employer
State-Univ of HawaiiRetir-
ed Professor

Occupation
Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.62668

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Frances Hardy

Mailing Address 5725 Haleola St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62440

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Frances Hardy

Mailing Address 5725 Haleola St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62509

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

William Harper

Mailing Address 4475 A Ikena Pl

City

Kalaheo

State

HI

Zip Code

96741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61895

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Janice Hellreich

Mailing Address 225 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Speech Pathologist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62281

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Janice Hellreich

Mailing Address 225 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Speech Pathologist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62312

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Janice Hellreich

Mailing Address 225 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Speech Pathologist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62317

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

real estate investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62306

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

real estate investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62336

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ada Henne-Koene

Mailing Address PO Box 1624

City

Koloa

State

HI

Zip Code

96756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62784

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Therese Henrion

Mailing Address 233 Kaha St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61889

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Herndon

Mailing Address 1306 Pueo St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOD

Occupation
Investigator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61876

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Robert Heyn

Mailing Address 2433 Akoki St

City

Lihue

State

HI

Zip Code

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61883

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Ulla Heyn

Mailing Address 2433 Akoki St

City

Lihue

State

HI

Zip Code

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61878

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jeanine Hill

Mailing Address 1088 Bishop St Apt 3707

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
CPA

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62545

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Barney Ho

Mailing Address 98-801 Kaonohi St, F

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Travel Agent

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61872

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Barney Ho

Mailing Address 98-801 Kaonohi St, F

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Travel Agent

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61947

Amount of Each Receipt this Period

15.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cheryl Ho

Mailing Address 98-801 Kaonohi St, F

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61874

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cheryl Ho

Mailing Address 98-801 Kaonohi St, F

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61948

Amount of Each Receipt this Period

15.00

Contribution

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 111

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Rosie Holt

Mailing Address PO Box 865

City

Lihue

State

HI

Zip Code

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Self Employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62165

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gwen Honjo

Mailing Address 98 310 Kam Hwy 135

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMI Realty Services, Inc.

Occupation

Property Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.62006

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cindy Inouye

Mailing Address 353 Ainahou St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Deputy Director BHRD

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62132

Amount of Each Receipt this Period

75.00

Contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Cindy Inouye

Mailing Address 353 Ainahou St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Deputy Director BHRD

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: SA11AI.62258

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gary Ishikawa

Mailing Address 4169 Koko Dr

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOD

Occupation

Dept Adj General

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: SA11AI.62533

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gary Ishikawa

Mailing Address 4169 Koko Dr

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOD

Occupation

Dept Adj General

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: SA11AI.62548

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sally Ishikawa

Mailing Address 4169 Koko Dr

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Health Sys Corp

Occupation

Nursing Home Administrator/RN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62529

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sally Ishikawa

Mailing Address 4169 Koko Dr

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Health Sys Corp

Occupation

Nursing Home Administrator/RN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62543

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Carl Jacobs

Mailing Address 98-1911 D Kaahumanu St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Booz Allen Hamilton

Occupation

Senior Consultant-retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62927

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Jerilyn Jeffries

Mailing Address 2847 Kalawao St

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2233.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62013

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jerilyn Jeffries

Mailing Address 2847 Kalawao St

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2298.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62043

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jerilyn Jeffries

Mailing Address 2847 Kalawao St

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2398.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62081

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Jerry Jordan

Mailing Address 46-031 Kumoo PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.62346

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jerry Jordan

Mailing Address 46-031 Kumoo PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.62378

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Judith Jordan

Mailing Address 46-031 Kumoo PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Volunteer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.62345

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Judith Jordan

Mailing Address 46-031 Kumoo Pl

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Volunteer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.62376

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul Jurcsak

Mailing Address 94-219 Wehena Pl

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mikel Inc

Occupation
Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61875

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jonah-Kuhio Kaauwai

Mailing Address 92-513 Awawa Pl

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Managerial

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62503

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Joelle Kane

Mailing Address 220 S King St 2100

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallegher & Associates

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62557

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kyle Karioka

Mailing Address 140 Rose St

City

Wahiawa

State

HI

Zip Code

96786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friends of Duke Aiona

Occupation
Deputy Finance Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62063

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Linda Kato

Mailing Address 94-1059 Kaaholo St

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Department of Labor
and Industri

Occupation
Unemployment Insurance Specialist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62504

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Quentin Kawanakoa

Mailing Address 971 Mokulua Dr

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62225

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)

H Thomas Kay

Mailing Address 1516 Kamole St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62562

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

H K Keppeler

Mailing Address PO Box 1319

City

Honolulu

State

HI

Zip Code

96807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.62001

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Adrienne King

Mailing Address 1163 Kaeleku St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62010

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Adrienne King

Mailing Address 1163 Kaeleku St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62038

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Adrienne King

Mailing Address 1163 Kaeleku St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62054

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Adrienne King

Mailing Address 1163 Kaeleku St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62085

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas King

Mailing Address PO Box 741

City

Kilauea

State

HI

Zip Code

96754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61773

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Leonard Klompus

Mailing Address 801 S King St 2004

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Senior Advisor for Communications

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61890

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Marcia Klompus

Mailing Address 801 S King St 2004

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Director of Scheduling

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61892

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Klosowski

Mailing Address 1215 S Kihei Rd # O-205

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presto Services Inc

Occupation

Software Tester

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62758

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Klosowski

Mailing Address 1215 S Kihei Rd # O-205

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presto Services Inc

Occupation

Software Tester

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62868

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Arie Koene

Mailing Address PO Box 1624

City

Koloa

State

HI

Zip Code

96756

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Transaction ID: SA11AI.62837

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Orion Kopelman

Mailing Address 2810 Kekaulike Ave

City

Kula

State

HI

Zip Code

96790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Brain, Inc.Occupation
Mgmt consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: SA11AI.62910

Amount of Each Receipt this Period

30.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James Kuroiwa

Mailing Address 47-327 Mawaena St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mahana LandscapingOccupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Transaction ID: SA11AI.61602

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

James Kuroiwa

Mailing Address 47-327 Mawaena St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mahana Landscaping

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61648

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

James Kuroiwa

Mailing Address 47-327 Mawaena St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mahana Landscaping

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61656

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James Kuroiwa

Mailing Address 47-327 Mawaena St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mahana Landscaping

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61885

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Marie Laderta

Mailing Address 1309B Moanalualani Way

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62203

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Marie Laderta

Mailing Address 1309B Moanalualani Way

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62254

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Catherine Lagareta

Mailing Address 235 Pauahilani PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Communications Pacific

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62931

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Nellie Laird-Woods

Mailing Address 72 Kahana Nui Rd

City

Lahaina

State

HI

Zip Code

96761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61887

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Darrell Large

Mailing Address 583 Kumukahi Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Oahu RealtyOccupation
Realtor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61702

Amount of Each Receipt this Period

25.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Frank Lavoie

Mailing Address 1031 Nuuanu Ave 1703

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senate Minority ResearchOccupation
Budget Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61898

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sheila Leas

Mailing Address 2141 Mohala Way

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62191

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sheila Leas

Mailing Address 2141 Mohala Way

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62205

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sheila Leas

Mailing Address 2141 Mohala Way

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62253

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

John Lee

Mailing Address 718 20th Ave

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired/Elima Apts

Occupation

Retired/Landlord

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61923

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Julie Lee

Mailing Address 644 Kahiau Lp

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61598

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Julie Lee

Mailing Address 644 Kahiau Lp

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61637

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 111

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Julie Lee

Mailing Address 644 Kahiau Lp

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61663

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Julie Lee

Mailing Address 644 Kahiau Lp

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61891

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

June Lee

Mailing Address PO Box 88232

City

Honolulu

State

HI

Zip Code

96830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Wing Technologies,
Inc.

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62335

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Willes Lee

Mailing Address 644 Kahiau Lp

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired LTC

Occupation
Sales

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62812

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Linda Lingle

Mailing Address 320 S Beretania St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Governor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5065.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62310

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Linda Lingle

Mailing Address 320 S Beretania St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Governor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5165.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62315

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 111

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Cille MacDonald

Mailing Address PO Box 462

City

Lahaina

State

HI

Zip Code

96767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62423

Amount of Each Receipt this Period

195.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cille MacDonald

Mailing Address PO Box 462

City

Lahaina

State

HI

Zip Code

96767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62500

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Barbara Maneja

Mailing Address PO Box 1964

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Bookkeeper

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62461

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Jeanne McJannet

Mailing Address 280 Hauoli St C2

City

Wailuku

State

HI

Zip Code

96793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maalaea Village Resorts

Occupation
Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62621

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ann Morano

Mailing Address 95-226 Kaopua Lp

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61862

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Michael Morano

Mailing Address 95-226 Kaopua Loop

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61894

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sanford Morioka

Mailing Address 98-200 Puaalii St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward Enterprises

Occupation

Business Development Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62554

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Moses

Mailing Address 92-339 Akaula St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62178

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Moses

Mailing Address 92-339 Akaula St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62189

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Mark Moses

Mailing Address 92-339 Akaula St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62211

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Moses

Mailing Address 92-339 Akaula St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62260

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kevin Mulkern

Mailing Address 408 Lani St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
landscaping

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62267

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Anne Niethammer

Mailing Address 1565 Kalaniiki St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
UH

Occupation
Professor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62080

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dylan Nonaka

Mailing Address 68 Hoaloha St

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Gov Liason

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62460

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Guy Ontai

Mailing Address 94-303 Nanamua Pl

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alakai Consulting & Engineering, Inc

Occupation
VP & Chief Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3460.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62501

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Pennylynn Ontai

Mailing Address 94-303 Nanamua Pl

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Medical Center

Occupation

Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62498

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ennis Patterson

Mailing Address 775 Kinalau Pl Apt 301

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62507

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Janice Pechauer

Mailing Address 4350 Halupa St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interior Design Service,
Inc

Occupation

Interior Designer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62294

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Janice Pechauer

Mailing Address 4350 Halupa St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interior Design Service,
Inc

Occupation

Interior Designer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62328

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Pico

Mailing Address 436 Iliwahi Lp

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62048

Amount of Each Receipt this Period

130.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Thomas Pico

Mailing Address 436 Iliwahi Lp

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62079

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Robert Piper

Mailing Address 2152 Booth Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii Lt Gov

Occupation

Deputy Director B & F

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62502

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

George Powell

Mailing Address 3950 Kalai Waa Dr, U-102

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62107

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

George Powell

Mailing Address 3950 Kalai Waa Dr, U-102

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62170

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

George Powell

Mailing Address 3950 Kalai Waa Dr, U-102

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: SA11AI.62172

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Philip Powers

Mailing Address 1350 Ala Moana Blvd 1509

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Transaction ID: SA11AI.61871

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gilbert Riviere

Mailing Address 65-137 Hukilau Lp

City

Waialua

State

HI

Zip Code

96791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town&Country MortgageOccupation
Mortgage Broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Transaction ID: SA11AI.62078

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Cynthia Rosebrough

Mailing Address 1111 B Kumukumu St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Education

Occupation

Teacher-Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61873

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gregory Ruhland

Mailing Address 28 Makakai Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIPC

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62888

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Marie Ruhland

Mailing Address 28 Makakai Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1301.25

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61971

Amount of Each Receipt this Period

101.25

Contribution

SUBTOTAL of Receipts This Page (optional)

301.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Marie Ruhland

Mailing Address 28 Makakai PI

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1336.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62709

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Marie Ruhland

Mailing Address 28 Makakai PI

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1401.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62762

Amount of Each Receipt this Period

65.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Marie Ruhland

Mailing Address 28 Makakai PI

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62882

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Harry Russell

Mailing Address 1778 Ala Moana Blvd 3904

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62126

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lillian Russell

Mailing Address 1888 Kalakaua Ave Apt 1905

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61855

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Simon Russell

Mailing Address 910 E Kuiaha Rd #A

City

Haiku

State

HI

Zip Code

96708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Landscaper

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62542

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
J William Sanborn

Mailing Address **PO Box 2824**

City State Zip Code
Kamuela HI 96743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homestreet Bank

Occupation
Mtg Banker

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

04 / 28 / 2008

Transaction ID: SA11AI.62823

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
William Settle

Mailing Address **61 Akilolo St**

City State Zip Code
Honolulu HI 96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Accountant/Treasurer

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11AI.62282

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)
William Settle

Mailing Address **61 Akilolo St**

City State Zip Code
Honolulu HI 96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Accountant/Treasurer

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11AI.62289

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

William Settle

Mailing Address 61 Akilolo St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Accountant/Treasurer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62300

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

William Settle

Mailing Address 61 Akilolo St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Accountant/Treasurer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62320

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Janice Shields

Mailing Address 2709 Palalani Pl

City

Makawao

State

HI

Zip Code

96768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Association for Improved
Healthcare

Occupation

RN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62069

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Allan Silva

Mailing Address 1189 Akamai St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
HPD

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62515

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Marshall Silverberg

Mailing Address 928 Wainiha St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Dept of Justice

Occupation
Assistant US Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62813

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gail Smith

Mailing Address 4252 Puu Pinao Pl

City

Koloa

State

HI

Zip Code

96756

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Teacher

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.62337

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Linda Smith

Mailing Address 2650 Pacific Hgts Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Gov't Official

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62109

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Linda Smith

Mailing Address 2650 Pacific Hgts Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Gov't Official

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62166

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Paul Smith

Mailing Address 2650 Pacific Hgts Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62093

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Paul Smith

Mailing Address 2650 Pacific Hgts Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62110

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul Smith

Mailing Address 2650 Pacific Hgts Rd

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62168

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ann Stephen

Mailing Address 1324 Heulu St 8

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62805

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Anne Sutton

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62403

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Anne Sutton

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62416

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anne Sutton

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62424

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Anne Sutton

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1705.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62465

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cynthia Thielen

Mailing Address 55 Kai Nani Pl

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of HawaiiOccupation
Representative

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61866

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Carol Thomas

Mailing Address 1189 Akamai St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
HECO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62434

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 111

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Carol Thomas

Mailing Address 1189 Akamai St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
HECO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.50

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62506

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Katherine Thomason

Mailing Address 44-166 Nanamoana St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMS

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61935

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Katherine Thomason

Mailing Address 44-166 Nanamoana St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMS

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62098

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Katherine Thomason

Mailing Address 44-166 Nanamoana St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMS

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62106

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Katherine Thomason

Mailing Address 44-166 Nanamoana St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMS

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62161

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Terry Thomason

Mailing Address 44-166 Nanamoana St

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alston Hunt Floyd & Ing

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.62167

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 111

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Alice Thompson

Mailing Address 89 Pukolu Way

City

Wailea

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61870

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Travis Thompson

Mailing Address 89 Pukolu Way

City

Wailea

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61618

Amount of Each Receipt this Period

35.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Travis Thompson

Mailing Address 89 Pukolu Way

City

Wailea

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61626

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 111

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Travis Thompson

Mailing Address 89 Pukolu Way

City

Wailea

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61660

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Travis Thompson

Mailing Address 89 Pukolu Way

City

Wailea

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61868

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Daniel Tompkins

Mailing Address 217 Kalama St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
semi-retired

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62490

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Beverly Toomey

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutton Family Partners

Occupation

Caretaker/writer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62443

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Beverly Toomey

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutton Family Partners

Occupation

Caretaker/writer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62494

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Rory Toomey

Mailing Address 3539 Kahawalu Dr

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62493

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Gordon Trimble

Mailing Address 1350 Ala Moana 812

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Legislature

Occupation
Senator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62279

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sonia Trimble

Mailing Address 1350 Ala Moana 812

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61758

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sonia Trimble

Mailing Address 1350 Ala Moana 812

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62181

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Sonia Trimble

Mailing Address 1350 Ala Moana 812

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62206

Amount of Each Receipt this Period

65.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sonia Trimble

Mailing Address 1350 Ala Moana 812

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62273

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Wanda Tse

Mailing Address 615 Piikoi St. Ste 2009

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timecorp Int'l Marketing
Co

Occupation

Controller

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61688

Amount of Each Receipt this Period

150.00

Contribution

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Gene Ward

Mailing Address 875 Puuomao St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Representative

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Transaction ID: SA11AI.62869

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Joy Watari

Mailing Address 153 Kaai St

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii - Gov's
Office

Occupation

Assistant Chief of Staff

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: SA11AI.62544

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

William Watkins

Mailing Address 444 Dune Cir

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Laboratories of
HI

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: SA11AI.62602

Amount of Each Receipt this Period

60.00

Contribution

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Helene Webster

Mailing Address 4126 Keanu St 2

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
HNA Disability Retirement

Occupation
Ad Sales

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62912

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Fred Weyand

Mailing Address 4389 Malia St, Bldg 2, 317

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Damon Estate

Occupation
Trustee

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61728

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Roger Wickenden

Mailing Address 974 Apokula Pl

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62572

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Anita Wong

Mailing Address 1615 Hoaaina Pl

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62792

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Woolf

Mailing Address 155 Wailea Ike Pl # 1

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62802

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kimiko Yamasaki

Mailing Address 1561 Kanunu St 1403

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.62075

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Lloyd Yonenaka

Mailing Address PO Box 2333

City

Honolulu

State

HI

Zip Code

96804

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation

Administrator

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62575

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

21031.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 111

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

BANK OF HAWAII

Mailing Address P.O BOX 2900

City

Honolulu

State

HI

Zip Code

96846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.80

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.61593

Amount of Each Receipt this Period

3.44

Interest

B.

Full Name (Last, First, Middle Initial)

BANK OF HAWAII

Mailing Address P.O BOX 2900

City

Honolulu

State

HI

Zip Code

96846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.78

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.61594

Amount of Each Receipt this Period

343.98

Interest

SUBTOTAL of Receipts This Page (optional)

347.42

TOTAL This Period (last page this line number only)

347.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.61561 Date of Disbursement																				
Mailing Address BOX 0001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City LOS ANGELES State CA Zip Code 90096 Purpose of Disbursement Bank Service Fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>87.90</td> </tr> </table>	87.90																			
87.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.61562 Date of Disbursement																				
Mailing Address BOX 0001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	8												
City LOS ANGELES State CA Zip Code 90096 Purpose of Disbursement Food For Volunteers Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>293.22</td> </tr> </table>	293.22																			
293.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) BANK OF HAWAII	Transaction ID: SB21B.61563 Date of Disbursement																				
Mailing Address P.O BOX 2900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Honolulu State HI Zip Code 96846 Purpose of Disbursement Bank Service Fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

386.12

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY**A.**Full Name (Last, First, Middle Initial)
BANK OF HAWAII

Mailing Address P.O BOX 2900

City Honolulu State HI Zip Code 96846

Purpose of Disbursement
Bank Service Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61564

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

Amount of Each Disbursement this Period

35.60

B.Full Name (Last, First, Middle Initial)
BANK OF HAWAII

Mailing Address P.O BOX 2900

City Honolulu State HI Zip Code 96846

Purpose of Disbursement
Bank Service Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61565

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Amount of Each Disbursement this Period

1.50

C.Full Name (Last, First, Middle Initial)
Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Cell Phone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61550

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Amount of Each Disbursement this Period

98.82

SUBTOTAL of Disbursements This Page (optional)

135.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
PR PE 4/15/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1371.59

B.

Full Name (Last, First, Middle Initial)
Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
PR PE 6/30/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1371.59

C.

Full Name (Last, First, Middle Initial)
STEVEN L BRETSCHNEIDER

Mailing Address 725 KAPIOLANI BLVD #2707

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

2843.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
CARDINAL COMMUNICATION STRATEG

Mailing Address 925 UNIVERSITY AVE #A

City State Zip Code
SACRAMENTO CA 95825

Purpose of Disbursement
Telemarketing for non-Fed Fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61566

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2612.50

B.

Full Name (Last, First, Middle Initial)
CENTRAL PACIFIC BANK

Mailing Address PO BOX 135010

City State Zip Code
HONOLULU HI 96801

Purpose of Disbursement
Mortgage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61567

Date of Disbursement

/ /

Amount of Each Disbursement this Period

680.75

C.

Full Name (Last, First, Middle Initial)
CENTRAL PACIFIC BANK

Mailing Address PO BOX 135010

City State Zip Code
HONOLULU HI 96801

Purpose of Disbursement
Mortgage Interest

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61568

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1474.20

SUBTOTAL of Disbursements This Page (optional)

4767.45

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
CHASE CARD SERVICES

Mailing Address CARDMEMBER SERVICE
PO BOX 94014

City	State	Zip Code
PALATINE	IL	60094

Purpose of Disbursement	Credit Card
-------------------------	-------------

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

04 / 29 / 2008

5979.74

Full Name (Last, First, Middle Initial)
Office Depot #570

Mailing Address 340 Kamekee St.

City	State	Zip Code
Honolulu	HI	96814

Purpose of Disbursement	Toner and Office Supplies

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

04 / 29 / 2008

238.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
R&K MAINTENANCE

Mailing Address 442 KAHA STREET

City	State	Zip Code
KAILUA	HI	96734

Purpose of Disbursement

CLEANING SERVICE

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

MM / DD / YYYY

235.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5979.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Hyatt Hotels Resort & Spa Mailing Address 1300 Tuyuna Trail	Transaction ID: SB21B.62958.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Santa Ana Pueblo State NM Zip Code 87004 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1848.82</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) SaveOnConferences Mailing Address PO Box 404351	Transaction ID: SB21B.62958.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 30384-4351 Purpose of Disbursement Conference Call Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>334.64</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) T- MOBILE Mailing Address P.O. BOX 51843	Transaction ID: SB21B.62958.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City LOS ANGELES State CA Zip Code 90051-6143 Purpose of Disbursement Communications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>49.95</div> [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
STORQUEST - KAKA AKO

Mailing Address 850 KAWAIAHAO ST #4

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Storage

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.62958.7
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

171.94

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
RICOH AMERICAS

Mailing Address PO BOX 105533

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
Copier

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.62958.8
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

105.36

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AMERICAN CARPET ONE

Mailing Address 302 SAND ISLAND ACCESS RD.

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement
Kitchen Floor replacement

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.62958.11
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1590.57

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) EWA BEACH GOLF CLUB	Transaction ID: SB21B.62958.12 Date of Disbursement																				
Mailing Address 91-050 FORT WEAVER RD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
<table border="1"> <tr> <td>City EWA BEACH</td> <td>State HI</td> <td>Zip Code 96706</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Deposit for Golf Tournament</td> <td rowspan="2">003 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City EWA BEACH	State HI	Zip Code 96706	Purpose of Disbursement Deposit for Golf Tournament		003 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00											
City EWA BEACH	State HI	Zip Code 96706																			
Purpose of Disbursement Deposit for Golf Tournament		003 Category/ Type																			
Candidate Name																					
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Hawaiian Airlines	Transaction ID: SB21B.62958.16 Date of Disbursement																				
Mailing Address Honolulu International Airport	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
<table border="1"> <tr> <td>City Honolulu</td> <td>State HI</td> <td>Zip Code 96819</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Travel</td> <td rowspan="2">002 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Honolulu	State HI	Zip Code 96819	Purpose of Disbursement Travel		002 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>160.00</td> </tr> </table>	160.00											
City Honolulu	State HI	Zip Code 96819																			
Purpose of Disbursement Travel		002 Category/ Type																			
Candidate Name																					
160.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) WAIALAE PLUMBING & CONSTRUCTIO	Transaction ID: SB21B.62958.17 Date of Disbursement																				
Mailing Address 825 HALEKAUWILA ST.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
<table border="1"> <tr> <td>City HONOLULU</td> <td>State HI</td> <td>Zip Code 96813</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Sink Repair</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City HONOLULU	State HI	Zip Code 96813	Purpose of Disbursement Sink Repair		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>243.62</td> </tr> </table>	243.62											
City HONOLULU	State HI	Zip Code 96813																			
Purpose of Disbursement Sink Repair		001 Category/ Type																			
Candidate Name																					
243.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
OCEANIC CABLE

Mailing Address P.O. BOX 30050

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
Cable

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62958.18

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

120.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PRECISION AIR CONDITIONING

Mailing Address 99-1285 HALAWA VALLEY RD #A16

City AIEA State HI Zip Code 96701

Purpose of Disbursement
Maintenance and parts

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62958.19

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

131.04

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address PO BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement
Shipping

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62958.20

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

23.82

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
ADAM DEGUIRE

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Taxi Fare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)
ADAM DEGUIRE

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Food for Volunteers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61543

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.80

C.

Full Name (Last, First, Middle Initial)
The Plaza Club

Mailing Address PIONEER PLAZA 20TH FLOOR

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Food for Volunteers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61543.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

57.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ADAM DEGUIRE	Transaction ID: SB21B.61544 Date of Disbursement																				
Mailing Address 725 KAPIOLANI BLVD #C-105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City HONOLULU State HI Zip Code 96813	Amount of Each Disbursement this Period																				
Purpose of Disbursement PR PE 4/15/08	<table border="1"> <tr> <td colspan="10">1401.49</td> </tr> </table>	1401.49																			
1401.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ADAM DEGUIRE	Transaction ID: SB21B.61545 Date of Disbursement																				
Mailing Address 725 KAPIOLANI BLVD #C-105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City HONOLULU State HI Zip Code 96813	Amount of Each Disbursement this Period																				
Purpose of Disbursement PR PE 4/30/08	<table border="1"> <tr> <td colspan="10">1401.49</td> </tr> </table>	1401.49																			
1401.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) EDWARD ENTERPRISES INC.	Transaction ID: SB21B.61569 Date of Disbursement																				
Mailing Address PO BOX 30468	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	8												
City HONOLULU State HI Zip Code 96820	Amount of Each Disbursement this Period																				
Purpose of Disbursement Membership Letter Printing	<table border="1"> <tr> <td colspan="10">3633.62</td> </tr> </table>	3633.62																			
3633.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6436.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) EFTPS Mailing Address P.O. BOX 173788	Transaction ID: SB21B.61570 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8							
M	M	/	D	D	/	Y	Y	Y	Y																			
0	4		0	1		2	0	0	8																			
City DENVER State CO Zip Code 80217-3788 Purpose of Disbursement 941 PE 3/31/08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>4</td><td>5</td><td>2</td><td>.</td><td>3</td><td>2</td> </tr> </table>	1	4	5	2	.	3	2																				
1	4	5	2	.	3	2																						
B. Full Name (Last, First, Middle Initial) EFTPS Mailing Address P.O. BOX 173788 City DENVER State CO Zip Code 80217-3788 Purpose of Disbursement 941 PE 4/15/08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.61571 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>4</td><td>9</td><td>0</td><td>.</td><td>1</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	8	1	4	9	0	.	1	9
M	M	/	D	D	/	Y	Y	Y	Y																			
0	4		2	2		2	0	0	8																			
1	4	9	0	.	1	9																						
C. Full Name (Last, First, Middle Initial) EFTPS Mailing Address P.O. BOX 173788 City DENVER State CO Zip Code 80217-3788 Purpose of Disbursement FUTA PE 3/31/08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.61572 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>6</td><td>.</td><td>4</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8	1	0	6	.	4	0	
M	M	/	D	D	/	Y	Y	Y	Y																			
0	4		3	0		2	0	0	8																			
1	0	6	.	4	0																							

SUBTOTAL of Disbursements This Page (optional)

3048.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
WILLIAM R. FINLAY

Mailing Address 3888 SIERRA DRIVE

City HONOLULU State HI Zip Code 96816

Purpose of Disbursement
PR PE 4/15/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61558

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1312.50

B.

Full Name (Last, First, Middle Initial)
WILLIAM R. FINLAY

Mailing Address 3888 SIERRA DRIVE

City HONOLULU State HI Zip Code 96816

Purpose of Disbursement
PR PE 4/30/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1312.50

C.

Full Name (Last, First, Middle Initial)
FRANCOTYP-POSTALIA INC

Mailing Address PO BOX 4272

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
Postage - administrative

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

2925.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
HAWAIIAN TELCOM

Mailing Address PO BOX 30770

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

590.49

B.

Full Name (Last, First, Middle Initial)
HAWAII MEDICAL SERVICE ASSOC.

Mailing Address P.O. BOX 29330

City Honolulu State HI Zip Code 96820

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

622.48

C.

Full Name (Last, First, Middle Initial)
HAWAII STATE TAX COLLECTOR

Mailing Address P.O. BOX 3559

City Honolulu State HI Zip Code 96811-3559

Purpose of Disbursement
State Withholding Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

626.44

SUBTOTAL of Disbursements This Page (optional)

1839.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
HAWAII STATE TAX COLLECTOR

Mailing Address P.O. BOX 3559

City Honolulu State HI Zip Code 96811-3559

Purpose of Disbursement
State Withholding Tax Transmittal Fee

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61576

Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

2.50

B. Full Name (Last, First, Middle Initial)
CATHERINE M. HAYES

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61548

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

381.71

C. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St 34th Floor

City Houston State TX Zip Code 77002

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61548.0

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

381.71

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

384.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
CATHERINE M. HAYES

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement
Sign-On Bonus

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1847.00

B.

Full Name (Last, First, Middle Initial)
HEARTLAND PAYMENT SYSTEM

Mailing Address 1437 YOUNGSTOWN CENTER HWY 62

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
Bank Service Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61579

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.16

C.

Full Name (Last, First, Middle Initial)
HEARTLAND PAYMENT SYSTEM

Mailing Address 1437 YOUNGSTOWN CENTER HWY 62

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
Equipment Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61578

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.00

SUBTOTAL of Disbursements This Page (optional)

1907.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) HILTON HAWAIIAN VILLAGE	Transaction ID: SB21B.61580 Date of Disbursement																				
Mailing Address 2005 KALIA RD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Honolulu State HI Zip Code 96815 Purpose of Disbursement Food & Beverage-nonFed Fundraiser Lincol Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) IMS, INC.	Transaction ID: SB21B.61581 Date of Disbursement																				
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	8												
City KANEOHE State HI Zip Code 96744 Purpose of Disbursement Accounting Services Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IMS, INC.	Transaction ID: SB21B.61582 Date of Disbursement																				
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City KANEOHE State HI Zip Code 96744 Purpose of Disbursement Accounting Services Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1884.82</td> </tr> </table>	1884.82																			
1884.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3884.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21B.61584 Date of Disbursement																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City State Zip Code Fresno CA 93888	Amount of Each Disbursement this Period																				
Purpose of Disbursement 1120POL Tax Return	<table border="1"> <tr> <td colspan="10">360.00</td> </tr> </table>	360.00																			
360.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Cynthia Lee	Transaction ID: SB21B.61549 Date of Disbursement																				
Mailing Address 725 Kapiolani Apt 2701	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City State Zip Code Honolulu HI 96813	Amount of Each Disbursement this Period																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WILLES K. LEE	Transaction ID: SB21B.61557 Date of Disbursement																				
Mailing Address 644 KAHIAU LOOP	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City State Zip Code HONOLULU HI 96821	Amount of Each Disbursement this Period																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td colspan="10">135.00</td> </tr> </table>	135.00																			
135.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 / 111

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

MERIDIAN CENTRAL PUBLIC AFFAIR

Mailing Address 2937 S 120TH ST

City OMAHA State NE Zip Code 68144

Purpose of Disbursement
Printing - GOP Bumper Sticker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61585

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

PETTY CASH

Mailing Address HAWAII REPUBLICAN PARTY
725 KAPIOLANI BLVD. #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61587

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

483.27

C.

Full Name (Last, First, Middle Initial)

Fisher Hawaii

Mailing Address 450 Cooke St.

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61587.1

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

65.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1233.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
HILTON HAWAIIAN VILLAGE

Mailing Address 2005 KALIA RD.

City Honolulu State HI Zip Code 96815

Purpose of Disbursement
Parking

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61587.3

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

21.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PLAZA CLUBHOUSE

Mailing Address 725 KAPIOLANI BLVD. #C120

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Food for Volunteers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61587.6

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

73.81

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address A/C 1424030002
Honolulu Downtown Station

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.61587.9

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

56.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)
PLAZA CLUBHOUSE

Mailing Address 725 KAPIOLANI BLVD. #C120

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Training Lunch Meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61588

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

41.78

B.

Full Name (Last, First, Middle Initial)
RESKYU

Mailing Address 756 BANNISTER ST

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement
Printing non-Fed Fundraiser-Lincoln Day

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61589

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

3232.46

C.

Full Name (Last, First, Middle Initial)
SEAN E ROBINSON

Mailing Address DBA ISLAND VIRTUAL
84-171A WATER ST.

City WAIANAE State HI Zip Code 96792

Purpose of Disbursement
Website Development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.61554

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

388.70

SUBTOTAL of Disbursements This Page (optional)

3662.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 111

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A.	<p>Full Name (Last, First, Middle Initial) SAM'S CLUB DISCOVER</p> <hr/> <p>Mailing Address PO BOX 960016</p> <hr/> <p>City ORLANDO State FL Zip Code 32896</p> <hr/> <p>Purpose of Disbursement Food For Volunteers</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.61590</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="179.42"/></p>
B.	<p>Full Name (Last, First, Middle Initial) STATE TAX COLLECTOR</p> <hr/> <p>Mailing Address STATE OF HAWAII P.O. BOX 3223</p> <hr/> <p>City HONOLULU State HI Zip Code 96801</p> <hr/> <p>Purpose of Disbursement State Unemployment Tax</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.61591</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="367.87"/></p>
C.	<p>Full Name (Last, First, Middle Initial) THE IMPERIAL PLAZA</p> <hr/> <p>Mailing Address 711 KAPIOLANI BLVD, SUITE 700</p> <hr/> <p>City Honolulu State HI Zip Code 96813</p> <hr/> <p>Purpose of Disbursement Maintenance Fee</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.61592</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2291.15"/></p>

SUBTOTAL of Disbursements This Page (optional)

2838.44

TOTAL This Period (last page this line number only)

42950.97

Form/Schedule: **F3XA**

Transaction ID:

Refunds were made in May 2008 for contributions from the following in April 2008: Mary Ceccarelli \$65 and Bob Kessler \$235. Contributions were payments for State Republican Party Convention attendance and events. Ms. Ceccarelli could not attend the dinner and was reimbursed for the cost of the dinner. Mr. Kessler was unable to attend the convention, including all events and was reimbursed the total cost. Refund was also made to Lester Muraoka for \$200. Mr. Muraoka was unable to attend the State Republican Party Convention, including all events and was reimbursed the total cost.

AMENDED MEMO 1) Itemized disbursements were originally imported with descriptions. However, the descriptions were replaced with the check number data during the import process. 2) There were no salary or wage payments as defined under 11 CFR section 100.24 and required to be reported on Schedule B Line 30(b) of the Detailed Summary Page. Note: 100% of all salary is reported on Line 21(b) unless an employee of the State Party spends more than 25% of their time during that month on activities in connection with the Federal Election activity.